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A HOSPITAL NURSE OF THE OLD SCHOOL

It is an irregular, beautiful, sleepy old town in the west of England. There were no factories, smoke stacks, or street cars in the—not so very long ago. There is an old legend that a town had flourished and decayed ere our Roman conquerors established a city there in the First Century.

There is a curious old world air about the place and it is almost painfully respectable. Most of the houses are of stone; many of the public buildings are ancient. The Parish Church has celebrated its five hundredth birthday, and it is built on the site of an abbey whose founder has been dust for a thousand years.

A pious bishop founded the hospital over seven hundred years ago. Part of it is built over a mineral bath where the Roman soldiers splashed and joked, while the conquered Britons painted their bodies with woad and the Druids cut the sacred mistletoe and offered human sacrifices on their stone altars in the old oak groves. The hospital is built on the top of a steep, narrow, solemn, stone-paved street. In the dim past two storeys were added, and many years ago a small wing was built that covered every inch of the ground; it is still called the new wing and will be so called until it crumbles to dust centuries hence.

Up a short flight of stone steps are massive oak doors. Inside used to stand during duty hours a large and magnificent hall porter, dressed in a plum-colored frock coat with brass buttons and a tall silk hat with a broad gold band around it, which gave him the appearance of a compromise between a fashionable footman and the parish beadle in Oliver Twist.

The basement contained the kitchens, store rooms, nurses' dining-rooms, etc. From the long stone passage that forms the first floor open the offices, outpatients' departments, a tiny chapel with stained glass windows containing a pipe organ, and a huge board room. The massive mantelpiece, wainscoting, floor, table and chairs of the board room are of beautiful old black oak. Around the room hang large oil paintings of departed benefactors, some in powder and periwigs, who have looked down placidly on generations of boards of directors. The second storey was devoted to the male patients and the third to the females. The top storey was occupied by dormitories for the female staff and the children's ward.

The hospital was supported by endowments and voluntary contributions and never took in any paying patients. The directors were all middle-aged or old men, the majority retired army or navy officers of much leisure, and greatly impressed with the solemnity of their responsibilities regarding the

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institution. The senior visiting doctor was a fine old gentleman of nearly 90, and the junior a comparative boy of 48.

There were two resident medical men of guaranteed gravity of deportment. There was no matron, housekeeper or lady superintendent. There was a so-called head nurse but she had no shadow of authority and was merely a concession to Mrs. Grundy. The hospital was splendidly managed in a routine way, by a middle-aged bachelor superintendent, an ex-naval captain, kind of heart but grim of aspect. He knew every corner of every cupboard, every cracked cup or crippled broom, how much soap it took to wash twenty faces, and how many inches of tape were required to make strings for an old lady's night-cap. He was a tremendous martinet, and governed the hospital and staff as nearly as possible as he had governed his own ship. Woe betide the unhappy nurse who made a mistake in her daily diet sheet, or who entered the chapel ten seconds after the stroke of the clock when it was her turn for service. A kind of naval court-martial would be held over her iniquities, and she would leave the office in a limp and crushed condition, but thankful to have escaped being hanged at the yard arm.

The majority of the nurses were the daughters of farm laborers or servants from the surrounding rural districts. None were educated, a few could barely read and write, some had been in the institution for many years, and their uniform had probably not been altered for centuries. It consisted of a wide, roundabout skirt, and shapeless bodice of old-fashioned lilac print, large apron, white kerchief, and big frilled white cap covering hair and ears. All the nurses had one excellent quality, it was that of implicit obedience. No technical knowledge was taught or required of them, their duties were to keep the rules, and do as they were told, and very thoroughly they acted up to their instructions.

They went their little round, year after year with no change, duty, meals, sleep and a short walk for recreation and a yearly holiday for those who cared to take it. They had no social life, no sitting room, and the dining room was only used for meals. In the event of rare visitors they saw them only in the hall under the cold eye of the splendid porter. They were all utterly ignorant of books and only one or two read an occasional newspaper.

Thirty or more years ago a ripple of the wave of hospital reform struck that venerable pile and during the oscillation an idea occurred to one of the Governors that perhaps, they were a shade behind the times. So after many agonized meetings the Board decided in the event of a vacancy occurring on the nursing staff they would fill it with new blood from a training school.

The dreaded happened, and the old doors were opened in fear and trembling to admit a nurse still in her teens.

It was a tremendous change for the nurse of the new school who had left a large hospital in a huge manufacturing city, where the patients were nimble of tongue and hand, a contrast in every way to her new surroundings, and oddly out of place she felt in a hospital where the patients never left the wards from the time they were admitted until they were discharged.

Where beer was part of the daily ration, and the atmosphere a mixture of hospital, penitentiary and church. Shortly after the advent of the nurse of the new school the board made another timid concession by adopting a modern uniform for the old staff.

When the new uniforms were distributed one nurse looked so greatly troubled that the kind Superintendent told her in his fiercest manner that she should keep to the old style if she wished.

Where all the old staff were women of mature years, and some elderly, with ten, fifteen and twenty years service, this nurse stood apart. She was rather short and quite stout. Her face bore the stamp of age, but her skin was a lovely pink-and-white, the kind of complexion only found in a damp climate under conditions of perfect health. Her beautiful, large, widely-set gray eyes were as clear as a child's, she was slow of movement, gentle of speech, quiet, reserved; had been the children's nurse for nearly fifty years, and was called Nurse Is'bel.

Nurse Is'bel's ward was on the top storey, her bedroom near it, and opposite, up two or three steps, was the flat top of part of the building, which formed a turret-shaped inclosure called the "leads." Nurse Is'bel wrote with difficulty and could only read the plainest directions, she would have been incapable of filling a modern nurse's statement; she used every-day terms. With her a "compound fracture" was a broken leg, and laryngitis a sore throat. She had never been known to forget a direction or to fail in carrying it out. She was sweet tempered, placid, absolutely healthy; had a magical touch with children, and they all loved her passionately. Except in extreme cases she managed the ward entirely by herself by day. A nurse from the women's flat looked after it at night.

Nurse Is'bel only went out occasionally, she would walk around in her old-fashioned bonnet and shawl, then go into the old church for a time whether service were going on or not, and return with placid satisfaction to the children. She never gossipped or "chummed" with other nurses, not from any aloofness, but because she was only completely at home among the little ones.

This sweet old nurse had a great attraction for the nurse of the new school, who feared to cross an invisible barrier, but watched with curious interest and frequently played eavesdropper at the ward door, when Nurse Is'bel talked to the children in her odd drawl, or sang them to sleep with queer old hymns. One seemed a special favorite and was often sung by request, the children called it "Jordan." Sometimes she would tell them about Heaven, a place that seemed to her to be much like the beautiful landscape she saw from the ward windows, only glorified a million fold. It appeared to be a flower-covered country of hill and dale, silver streams, happy children, and shining ones with big golden wings. The leads were very rarely used by anyone, but occasionally Nurse Is'bel would go out for a minute to look around the earthly resemblance to her children's Heaven. One peaceful summer night the nurse of the new school found her seated on a jutting stone, she looked down at the dear old face framed in the white cap, and obeying some impulse she stooped and kissed the sweet pink

cheeks. Nurse Is'bel looked up in gentle surprise, and said, after a pause, with a little smile: "Nobody has kissed me for forty years except the children." From that time a friendship grew up between the Old and the New, an almost silent friendship, but that night Nurse Is'bel's story was told.

She was the daughter of a shepherd, who had married late in life, she left the Dames school in the village at ten years of age when her mother died of typhus fever, and kept her father's house until he died; before his death she married an under gamekeeper, who had gone to live at her home that the old shepherd might not be left alone. She had been quietly happy in the old thatched cottage with the old-fashioned garden, among the flowers and bees and her humble household duties, and was expecting an added happiness, when her young husband was carried home one morning, shot through the lungs by a poacher. He lived a few hours and died with words of love and pity for her on his lips, and his hand resting on her bowed head. In a few weeks she laid her baby by her husband's side and turned to face the unknown world alone; she could have gone to service at one of the neighboring farms, but she felt out of joint with the place and longed to go away. She remembered, sadly, the only holiday she had ever had, the day she was married, when her husband took her in the carrier's cart to the town some fourteen miles away and had pointed out the old hospital where he had spent a few weeks as a boy, when his leg was broken. It occurred to her that she might get a place to nurse the sick. So she climbed into the carrier's cart, and being engaged at the hospital she returned to dispose of her modest furniture; with her old oak chest, and a few household treasures, an old-fashioned silver watch, a tea caddy "from furren parts" and a copper warming pan, she took a tearful farewell to the only home she had ever known. The big doors of the hospital closed upon her, and she took deep root in the grim old building. She was moved from ward to ward, and at last found her true niche among the children. Generations had passed through her loving arms, some to go to the Heaven she seemed so near to, others to go out into the world to have children and grandchildren of their own.

The nurse of the new school had been gathering age and new experiences for a year or more, when she remarked to one of the house physicians that Nurse Is'bel looked a little altered and shrunken. She was the only one of the staff allowed to go up and down in the lift. One day it was out of order and she walked up stairs after dinner. On reaching the third storey she had a violent attack of pain in her side, and would have fallen, but for timely assistance, she recovered almost at once and assured the doctor that she was quite as well as she had been all her life.

At the monthly meeting of the directors the nurse of the new school was told to ask Nurse Is'bel to go to the board room. Going "before the Board" was always a trying ordeal even to the most innocent, and Nurse Is'bel reached the room somewhat pale and shaky. One of the directors got up and pulled forward a chair for her. The nurse of the new school started to leave, but at a signal from the secretary remained. The old, carved, high backed chair made a fitting background for the big white cap

and the beautiful old face. There was a full Board, and the faces were turned in sympathy to the quaint figure at the end of the long table. The scene was so unusual that there was silence for some seconds, and even the framed faces in powder and periwigs seemed graver than usual.

At length the white-haired, kindly, polished old President said: "Nurse Is'bel, we have been talking about you and your long service, and we have come to the conclusion that we should be for ever disgraced if we allowed such a valuable, unspeakably valuable old servant of this institution to work herself to death. We have had a chat with the doctors and they agree that you should have a long rest. Owing to your devotion to, and your success with your little charges, you have been allowed to remain on duty many, many years after your pension was due. No doubt you have saved something, and if your pension and savings are not enough to keep you in comfort, I assure you these gentlemen and myself would feel it an honor, a great honor to be allowed to supplement it, so that you may quite depend on every care for the rest of your life.

"Have you any friends or relations with whom you could live?" "No," she said, beginning to cry very softly. "I could get lodgings, or p'raps a cottage. I don't know," she said vaguely. "I am sure," continued the chairman kindly "your wishes shall be consulted in every way. You see, Nurse, there comes a time to everyone who lives the allotted span, when he or she has to drop some of the threads of life. Look around on these gentlemen, some had to leave the Navy, others the Army. Not because they had outgrown their usefulness in their professions, but because they had reached a certain age. We are still of some use in the world, I hope, and it would be the same with you, you have always had such splendid health that we hope you will live for many long, useful years. In what way can we meet your wishes?" Nurse Is'bel looked slowly around the kind faces, then her eyes dropped to the floor, and she appeared to be lost in thought. The Board remained perfectly still to allow her time. Only the ticking of the long brass faced clock broke the silence. At last she suddenly clasped her hands tightly together and her face grew drawn and white as she said in fearful agitation. "Oh, Sir, don't 'ee send me away till the spring, I come here in the spring. I could get a little garden and some bees, and have summat to do. I can't go till the spring. I don't sleep much now the winter's a comin' on and the days and the nights 'ud be so long without the children. I know I'm getting old and must go some time, but oh, Sir, don't 'ee send me away till the spring. I can't go till the spring."

"My good soul, my good Nurse, pray, pray do not agitate yourself so," said the chairman in a husky voice. "I beg you will not distress yourself, my dear, good Nurse, we will have a further talk with the doctors and see what can be done, and you shall stay till the spring if you wish to."

So Nurse Is'bel returned to her little world, and fulfilled her duties with added gentleness, if that were possible.

It was a beautiful evening a few weeks later, and still perfectly light though the hospital was wrapped in its nightly stillness. The nurse of the new school had gone off duty, and was passing on her way to the leads, when

she heard voices in the children's ward. She pushed open the door quietly and looked in. Nurse Is'bel was bending over a cot and saying: "Now do'ee go to sleep like a good little gel." "I don't want to go to thleep, I won't go to thleep," said a shrill little voice, and a small foot gave a vigorous kick at the bed clothes, "I want to thit up on your lap, let me thit on your lap." Nurse Is'bel looked around and found the children, to all appearances, sound asleep, so she took up the restless little bundle and carried it to her favorite window and sat down in a big, low, wooden chair that had held hundreds of sick and restless little ones, she put one foot on a hassock and the child cuddled happily down. "Thing," she said "thing Jordan." "Hush, my lamb, and I'll sing to'ee," said Nurse Is'bel, softly, and she began the hymn the children loved. As she sang she slightly swayed her body, backward and forward, as her foot beat time on the floor:

On the other side of Jordan,
In the sweet fields of Eden,
Where the tree of life is blooming
There is rest for you.
There is rest for the weary.
There is rest for the weary.
There is rest for the weary.
There is rest for you.

The nurse of the new school slipped on to the leads and stood looking across miles of lovely country, and dreaming dreams until she was aroused by the sweet chimes of the old church to the fact that the evening was closing in.

On her way to the dormitory she went into the children's ward and crossed to the little group in the window. The child was still clasped in the nurse's arms and was fast asleep. The hymn was ended. Nurse Is'bel's head was resting against the back of the chair, her eyes were softly closed and she, too, was fast asleep, but her gentle soul had passed through the tender twilight to "The other side of Jordan."

Winnipeg. ANNIE A. BOND.

PROBLEMS OF THE PRIVATE NURSE.*

Each nurse has her own particular problems to wrestle with and probably no two find the questions that confront them exactly the same. I do not know what yours are, but perhaps in speaking of some that I have known during many years of work, I may unconsciously include yours.

How Can I Fit My Environment?

It is such a constantly changing environment that those who have a love of variety find a stimulus in the very uncertainty of what may come next, while peace-loving souls are sometimes thwarted and harassed in their chosen careers by being so constantly upset in their plans.

* Read before the Graduate Nurses' Association of Ontario.

To no class of people can we apply more aptly the old motto—"Ut Migraturus Habita," Dwell as if about to depart,—for we are always departing, with our hearts in our mouths, to greet a new group of people, to make part of the life of a new household, to accommodate ourselves to new circumstances. We hardly have time for necessary rest between cases, after we have become known, if we are really useful nurses. Even if the registrar of the directory says sternly in answer to an inquiry: "Yes, Miss Smith is in, but she is not ready for another case yet," it does no good. The gruff voice at the other end of the line says: "You give me her number. She'll come to us, even if she is tired, when she knows we want her," and she goes, of course. We must sometimes quote to ourselves ruefully, "For here have we no continuing city, but we seek one to come."

Well, if this is our lot and we have chosen it, why not face it good-humoredly and make the best of it? How much better to be wanted than to be idle! How much better to be busy than not to be busy enough! Let us not waste an ounce of precious strength in complaining, but fit ourselves to the odd life, having two sets of everything, from underclothing and toothbrushes to work baskets and writing materials, so that one set may be neatly packed and ready to fly with us, the other just where we want it in leisure moments at home.

As to the people and households into which we go, what a study they are, high and low, rich and poor, tidy to the point of wearying squeamishness; careless to the point of shocking one. How stupid life would be if people were alike as tenpins.

The only way to endure such changes at all is to really like human beings, to really enjoy trying to fit ourselves to their interests, and when things are sad or trying, to determine we won't give up looking for the bright spot we know is lurking somewhere. Nothing is more satisfying than to discover goodness hidden away under an unpromising exterior, and our faith in humanity will be deepened rather than shaken by our experiences if we ourselves are in the right frame of mind and heart.

How Can I Employ My Waiting Times?

Not in utter frivolity, not in the sort of resting which results in utter blankness of mind, not in the same routine of work, conversation, and thought that occupy us while on duty. Where nurses live together there is a great temptation to indulge in shop talk and shop interests. After a difficult or interesting or very trying case, it is well to talk it out fully, once, with some helpful friend, to get light on perplexities, to gain new knowledge, or to relieve one's feelings, then it is better to drop it from one's mind and turn persistently to other thoughts and interests.

A nurse should gain for herself during the waiting periods plenty of regular, uninterrupted sleep, and plenty of good out-door exercise, these being denied her on most cases, but she should not think that in order to rest she must be without any occupation or interest. "A lack of occupation is not rest, a mind quite vacant is a mind distressed." Both mental and physical power deteriorate rapidly from disuse, and the nurse who spends

all her time off duty in utter idleness and frivolity becomes an uninteresting companion because her mind is so empty.

The nurse who is fortunate enough to have a home to go to will find plenty to keep her busy in the little wholesome daily household tasks, while the other members of the family will keep her alive to other interests than her own. The nurse who is boarding will do well to keep her own room in order, to set herself a daily programme to be carried out—so much housekeeping, so much shopping, so much sewing, so much reading, calls on friends, and at least one lecture or concert, with an occasional attendance at the theatre. To go to the theatre constantly because one has no other means of diversion is a foolish extravagance and shows a character with little resourcefulness.

Happy is the woman who has some small fad to which she devotes herself happily whenever occasion offers, such as music, painting, dressmaking, embroidery, knitting, gardening, the study of some language. All these things are full of interest, and when one is waiting long, for an obstetrical case, for instance, and can not go far from home for fear of a call, it is delightful to have some real interest to take up with enthusiasm. It greatly lessens the mental strain of waiting.

How Can I Keep Up With My Profession?

This is a question which some fail to ask themselves until they have fallen behind so far that they suddenly become conscious of it. The time to begin improving one's knowledge is at the beginning of one's career as a nurse; and the time to stop is never.

Every nurse should keep herself in touch with professional progress by subscribing to and reading faithfully one or two of the best nursing journals. She should occasionally, in addition, go to a medical library or reading room and dip into the medical journals to see what things the doctors are discussing. She should, after five years of nursing, take graduate work, of at least three months' duration, along some line in which she is particularly interested, or some one in which she feels she has grown rusty.

But all these means of advancement are not to be compared in usefulness to that of keeping a close watch over oneself and her work, being on the alert to see where she is hazy or where she has failed. If any case seems obscure to her, she should make a thorough study of it when it is over. If a doctor gives directions which are not clear, she should make sure she has them right, not being too proud to ask for explanations. If she feels that she has come short of any physician's expectations, she could go to him after the case is over and ask him to tell her just what he wants and how. She will find him ready and glad to help her. She should talk with nurses who are better in some lines of work than she is and get ideas from them. She should be alert in gaining new ideas, practical ways of doing things, from every one with whom she works, grandmothers, nursemaids, and cooks. She need not feel in duty bound to accept all the advice offered, but there is a golden mean between this and spurning all. The nurse who

wraps herself in a garment of self-sufficiency and who feels herself insulted by a suggestion will soon come to an end of her usefulness and is to be pitied.

How Long Can I Do Active Nursing?

This depends on many things, on your constitution, on the kind of work you do, the kind and number of vacations you take, but it depends most on the spirit in which you work.

"A merry heart goes all the day
Your sad tires in a mile-a."

A nurse who takes herself and her work so solemnly and seriously that it is a heavy burden on her mind and heart all the time, and who can not shake off the care she has been bearing when the case is ended, is not likely to endure for many years. The nurse who tries to carry all the responsibility of a case, the doctor's and the family's as well as her own, wears herself out needlessly. I do not mean that a nurse should cultivate a lack of sympathy and a cold heart, far be that from us. The cold and heartless woman can last indefinitely as far as wear and tear on her sympathies are concerned, but we would not be in her shoes. We need loving hearts, quick to feel with others, in order to do what is best for them, but if we believe in the goodness underlying all of life, we can go through deep sorrow with others without having it eat into our hearts.

In order to hold out, we need to treat our bodies with respect, giving them rest when they demand it; we need to keep our minds in good order by giving them refreshing variety of interests: and we need to allow our souls to grow by not allowing ourselves to grow blind and deaf to the spiritual side of life, thinking ourselves too busy to heed them. And let me not forget to mention that saving grace, a sense or humor.

How Can I Be of Most Value?

The possibilities within the reach of private duty nurses are tremendous. Think what it would mean to a community if every trained nurse were a health missionary, teaching those who need the lesson the value of wholesome food, exercise, sunlight, fresh air, the danger of patent medicines, stimulants, quack doctors, etc. What if every one of us were well armed with knowledge in regard to preventible diseases and passed it on to those we met. How fast this information would travel and how rapidly people would learn better ways of living.

One thing we are now being criticized for, is our failure of providing some means of caring for people of moderate means. This isn't our problem alone, it belongs to all nurses and to all people, but since the people do not think of it except when they happen to need a nurse, it rests with us to keep agitating the subject among ourselves, with doctors, and with our patients, until we find the best solution.

To have nurses reduce their fees when asked to do so does not get at the root of the matter, most of us do that constantly and unostentatiously, so that the extent of our charities is unknown to our critics, but nurses

with heavy demands upon them cannot constantly reduce their charges without becoming bankrupt themselves.

I believe the best plan that has been suggested is the establishment in each large community of a fund to be used by the visiting nurse association or the central directory or, better, the two combined, by which nurses can be sent out by the hour or for part of the day, the patient paying into this fund according to his ability. Our part now is to rouse interest in this problem and in the establishment of such a fund. Nurses can receive a little less for such calls if they know they are to be employed regularly by the month, as the visiting nurse is, and that they are to lose no time in waiting. It seems to me the plan of the Lady Minto Nursing Association in India is a good model to be followed. Subscribers to this fund have a prior claim to others when a nurse is needed and are given a lower rate.

What Does It All Amount To?

I do not believe we have often to ask ourselves that question. Nursing brings its own reward daily. To see health and happiness returning and to feel that we have helped a little to bring them, is worth great effort, and nurses are in general so blessed with appreciation for small kindnesses, that they need to pray to be kept from growing puffed up and consequently useless. One thing we should always be glad of is that we are a part of the great army of workers of our own time; that we have not been rendered incapable by illness or impaired faculties, of helping forward the world's progress.

KATHARINE DeWITT, R.N. (U.S.A.)

THE WINNIPEG GENERAL HOSPITAL.

The Winnipeg General Hospital, which, so far, has kept pace very creditably with the expansion and development of the city, had its origin in the village days of Winnipeg. In 1871, after the collapse of the Rebellion, the little colony of Fort Garry enjoyed a considerable boom. Many volunteers who had come up from the East beat their swords into ploughshares and remained as colonists. Other immigrants came in over the Dawson route or by river and cart from St. Paul. Houses were few and overcrowded and when sickness broke out, conditions were such as to render immediate action necessary. A meeting was called by Governor Archibald, a Board of Health formed and steps taken to begin hospital work immediately. A one storey frame house being built for Mr. William Harvey was the best place that could be secured, and this became the first General Hospital of Winnipeg. But the hospital was not destined to become a settled institution without suffering its full share of the vicissitudes of the pioneer. For ten years it moved from place to place, doing the best possible work under the worst possible conditions. The present location reached in 1883, was the eighth occupied. By this time the construction of the Canadian Pacific Railway was well under way and a large up-to-date hospital was a necessity. The building of the "New Hospital" (the central

position of the present building) was a long, tedious and troublesome matter. Its erection was decided upon in 1882, but it was not until March 13th, 1884, that it was formally opened. The cost was about fifty-three thousand dollars. This building, such a source of pride to the directors and citizens of that day, is still doing duty, but is now overshadowed by the wings, annexes and additions that have grown up around it. A separate Nurses' Home was built in 1888, which has since been converted into a wing for private patients. About the same time the Maternity Hospital was built. This still survives and does duty under its original form, but it also is soon to be replaced by a larger, more modern building.

In 1899 the Jubilee Wing, commenced, as its name denotes, during the year of Queen Victoria's Diamond Jubilee, was completed. The writer, a junior nurse at the time, had the honor of being on duty in one of its new wards on the day of its formal opening. This wing was then considered the acme of hospital construction, but now a surgical pavilion is being talked of which will far transcend its glories. The operating rooms with their sterilizing, anaesthetizing, instrument and preparation rooms, are situated on the top floor of this building. A small pathological laboratory has recently been added where examinations of tissue may be made during the progress of an operation if necessary. The larger operating room has an amphitheatre for the accommodation of the Medical School. The private operating room is small, but has an exceedingly good light and is beautifully equipped.

The remainder of the Jubilee Wing is divided as follows:

Ward D.—Male and female semi-private wards, woman's public surgical wards, and two emergency wards.

Ward E.—Public male surgical ward and a corridor of private wards.

Ward F.—Public male surgical ward and a few private wards.

The original hospital building has been converted into Ward A (public men's medical) and Ward B (public women's medical), quarters for the resident medical staff, X-ray department and Board room and offices.

The East Wing was the next addition. This was completed in 1904, and comprizes Ward H, male semi-private patients entirely; Ward J, private, semi-private and Eye and Ear Wards, and Ward K, a men's medical ward. On this flat are situated the large general kitchens, where the cooking for the whole institution is done by the staff of Chinese cooks. The latest addition to the hospital proper has been the old nurses' home, which as before stated, has been converted into a wing for private patients and a children's ward. From the children's ward easy access may be had to the lawn, where by the generosity of Mr. G. V. Hastings and other friends of the hospital, a bungalow has been erected, the side walls of which are of netting, and which all summer long is occupied by cases of the type so ably described by Dr. Von Eberts in his paper recently published in the Canadian Nurse. No argument could be stronger for the efficacy of the open air treatment of surgical tuberculosis than the appearance of these children at the end of the summer. Unfortunately, however, no provision has yet been made for this class of patients during the winter.

The isolated hospital is situated at far end of the hospital block, and contains wards for diphtheria, scarlet fever, venereal and skin diseases. A temporary frame building, erected by the city during a severe typhoid epidemic, is now utilized as a tuberculosis hospital. It is by no means suitable for this purpose, but Manitoba has but recently awakened to the dangerous nature of this disease and no other provision has as yet been made. Plans for a sanitarium are now completed, and it is probable that it will be erected during the coming summer. At least the Emergency Hospital cares for these cases better than they could be cared for in their own homes and the risk of infection is materially lessened by their segregation from the community.

The total number of beds, including all departments, is three hundred and fifty. The number of patients treated during last year was 5,229, the number of outdoor consultations 9,593, and the number of operations 1,451.

To give further statistics would be wearisome, but enough has been said to demonstrate that, in size at least, if in nothing else, the Winnipeg General Hospital is the most important in Canada, west of the Great Lakes.

The Board of Directors is composed of a number of the best-known men in the city. These men and their predecessors in office have spared neither time, effort, nor money in the cause of the hospital. The business management of the institution is in the hands of Mr. James Cosgrave, who has been associated with the hospital for many years.

Mention should certainly be made of the Woman's Hospital Aid, who are unremitting in their labors. In addition to their work within the hospital, they have equipped and maintain a Convalescent Home, for which there existed a crying need.

The resident medical staff comprises the medical superintendent, Dr. John Gunn, the resident pathologist and his assistant, two senior internes, six junior internes and the pharmacist.

The permanent training school staff is headed by our lady superintendent, Miss Wilson. Serving under her are the night superintendent, assistant superintendent, instructor of nurses, head operating room nurse, head nurse of the eye and ear department, head nurses of private wards, surgical wing; children's ward, maternity hospital, isolation hospital and X-ray department. The nursing of tuberculous patients in the emergency hospital is done by staff nurses and not by the pupils. There are at the present time about eighty nurses in training.

Since the founding of the training school, in 1889, two hundred and twenty nurses have graduated, of whom eighty-three are married, three deceased, thirty-eight engaged in institutional work (of whom eleven are at the head of hospitals or sanitoria) eighty-one are doing private work, four taking post-graduate courses, and seven have retired from active nursing.

Female nurses were first employed by the Board in 1881, but the training school, as such, was not organized until 1887. The first class of five nurses graduated in 1889 after a two years period of training. During the early eighties nursing as well as housekeeping was under the control of a matron.

After the training school was organized these duties were divided, and head nurses appointed with a "supervising head nurse" over them. This cumbersome method was in vogue until 1892, when, on the resignation of the matron, the duties belonging to that position were added to those of the supervising head nurse, Miss Laidlaw, who took full charge as lady superintendent. Those holding this important position since the resignation of Miss Laidlaw, in 1893, have been:

Miss Holland (now Mrs. A. W. Moody), graduate Winnipeg General Hospital.

Miss Patterson, graduate of the Johns Hopkins Hospital.

Miss MacKay (now Mrs. Earl Sargent) graduate of Harper Hospital, Detroit.

Miss Martin, graduate of the Montreal General Hospital.

Miss Wilson, graduate of the Winnipeg General Hospital.

It has been the good fortune of the writer to have worked in one capacity or another under the direction of all of the above mentioned superintendents, with the exception of Miss Laidlaw. Each and all of them labored faithfully for the good of the training school and of the hospital at large. We are as yet too close, in point of time, to their work to see it in true perspective, but even now as we look back upon it, neither we nor they have any reason to be ashamed of it. On them was and is laid the high task of setting the standard for nurses of the West. The highest compliment that can be paid them is to say that they have proved themselves well worthy of their trust.

Until comparatively recent years the training school labored under serious disadvantages. The nurses' quarters were abominably overcrowded, and therefore unhealthy. Unfortunately the expansion of the hospital proper very considerably exceeded that of the nurses' home. This condition has now been remedied and our present home is a worthy part of the institution. The basement floor of this large building is used for dining rooms for the lady superintendent, staff nurses and pupils. A serving room, equipped with steam tables, keeps food and plates properly heated. On the ground floor are situated the reception rooms, library, lady superintendent's apartments and the staff nurses' sitting rooms. By the untiring efforts of the Woman's Hospital Aid these rooms have been appropriately and beautifully furnished. The reception rooms are ideal for purposes of entertainment, not the least of their attractions being a polished hardwood floor. The remaining three floors are used as bedrooms, two pupil nurses sharing a room, and the staff nurses having single rooms allotted them.

The arrangement of work in the wards is essentially the same as in most large hospitals. The large number of departments give the nurses a broader training than is obtainable in most hospitals. Their three years' course is divided, roughly speaking, as follows: Probation, two months; night duty, six months; isolated, three months; maternity, two months; diet kitchen, six weeks; operating room, two months; Margaret Scott Nursing Mission, two months; the remaining months being filled by service in the wards. The training at the Nursing Mission

is very practical and instructive. Two members of the senior class are constantly on duty there for two-month periods each. They gain experience in nursing in the homes of the poor, they learn to manage without elaborate equipment, they see at close range how the other half live, and above all, they come under the influence of Mrs. Margaret Scott, in itself a liberal education. Members of the senior class in turn act as assistants to the night superintendent for terms of two months each. This also is most valuable training, especially to those who contemplate specializing in institutional work.

Practical instruction in the cooking and serving of foods for the sick is given by a dietress, who is in charge of the diet kitchen. This course is especially useful to those whose domestic training may have been deficient at home.

Members of the intermediate class who show special aptitude for the work act as assistants to the head nurse of the eye and ear department. This work has increased enormously of late years.

The domestic management of such a huge institution is, as can be imagined a very heavy task. The laundry occupies a building of its own, near the power house, and has been equipped by the indefatigable Woman's Hospital Aid with excellent modern machinery. Linen is distributed from a central sorting room to the wards, this method making for greater economy than the former system of delivering linen direct from a laundry. Bandages, dressing gauze and all other surgical supplies are also issued from a central sorting room. It may be mentioned in passing that all soiled dressings are collected from the wards and operating rooms, subjected to a cleansing and sterilizing process and used over again. This procedure has had a most happy effect on the bills for dressing gauze—always a very serious item in hospital expenditure.

The female help of the institution is under the charge of a housekeeper, who is responsible for the efficiency of their work. The male employees, including orderlies and cleaners are under the supervision of a steward.

Before closing this very inadequate sketch, some remark must be made concerning the Nurses' Cottage on Coney Island, near Keewatin, on the far-famed Lake of the Woods. Subject to correction, I may say that this is the only instance in Canada where a hospital makes any provision for its nurses during their vacations. Some of the good friends of the hospital, among whom were Mr. William Hespeler, Mr. A. M. Naston and Mr. George Galt were the prime movers in this generous gift. A most beautiful site was donated and a pretty rustic cottage built. It stands at the water's edge; has a large central hall with an open fireplace and seven bedrooms, with a fair-sized kitchen. It is surrounded on three sides by wide verandahs screened in with netting, so that it is quite possible to sleep out on them practically in the open air. Two row boats and a cat boat are provided for the nurses' use and it would be difficult to conceive a more delightful way of spending a holiday than is afforded at Hahaleewis. A chaperon has charge throughout the season and a man and maid of all work assist the

nurses in housekeeping. All accounts are paid by the hospital, and at the end of the season each one is sent a bill for her share of the expenses. The average rate per week is very low indeed, and in future it is hoped that the pupil nurses will not be expected to pay at all. The use of the cottage is not restricted to the nurses employed in the institution, but invitations may be extended to graduates engaged in private nursing, or even to other friends, with Miss Wilson's consent. The cottage is a great boon to all, but especially to those whose homes are at such a distance as to render a three-weeks' trip to them a very expensive matter.

At Hahaleewis one may swing idly in a hammock all day if one wishes or one may go out and get delightfully sunburned on the lake. "Budge," the cat boat, an eminently safe vessel for amateur sailors, tugs invitingly at her buoy and there are many short steamer trips that may be taken about the lake.

The writer very vividly remembers arriving at Keewatin one stifling July night after a most strenuous day in the wards. In Winnipeg the asphalt fairly melted in the heat and the grasshopper was indeed a burden, but when we arrived at Keewatin between eleven and twelve at night how exquisite it seemed.

The lake was so still that every star was reflected in it, and, as the launch churned its way over to the island, one seemed to be sailing in mid-air. As we approached we could see the lights on the verandah and hear the weird sound of the camp call echoing back from the rocks, they were waiting for "the late train." The blessed peace of that night can never be forgotten. My bed was pulled over beside the rail of the verandah, which almost overhangs the water, not a sound to be heard but the drowsy call of a bird or the puffing of a belated launch. In the early morning a little wind began to stir and one wakened to the sound of summer waves splashing along the beach instead of the unmusical clanking of the six o'clock bell. I doubt whether the gentlemen whose generosity prompted this gift have ever fully realized all that it means of true rest for body and mind to those sorely in need of it.

In conclusion I must crave the indulgence of those of my readers who do not belong to the training school of the Winnipeg General Hospital. It is not easy to speak dispassionately of one's own Alma Mater, and if anything here set down seems vainglorious it is the fault of the writer and not of the subject.

I must express my indebtedness to Dr. David Stewart for much of the historical data included in this article.

ETHEL JOHNS.

ACROSS THE SEAS AND BACK AGAIN.

I read with much interest Miss Stewart's impressions of the other side of the water; perhaps it may be interesting to compare first impressions of this side.

I came from a hospital in a busy part of London to Canada and visited

some Canadian hospitals. At the first one visited I was struck with the beautiful grounds and country round the hospital, and thought if some of our patients from smoky London could only come here how much quicker they would get well. The air was so beautifully fresh and there was such a feeling of "country" as we stood on the verandah outside. English hospitals seem to be always in the centre of a town, with other buildings crowding them; Canadian hospitals let the sun look in, in turn, at every window.

But, inside, the wards with their white-washed walls—mostly tinted—struck me as looking cold and comfortless and lacking in furniture. I missed the plants and flowers that one always sees in London wards, and that take oh! such a long time to arrange in the busy mornings. The red blankets at the foot of the beds give a look of comfort, to say nothing of their supposed efficacy in keeping off fleas. While it may be advisable from one point of view that wards should be scantily furnished and the surroundings kept as aseptic as possible, there is also something to be said for the mental effect of surroundings on a patient. A touch of bright color, not a variety of colors, is a relief from the colorless monotony of immaculate white, and growing plants and flowers are always enjoyed and help now and then to interest the patient and draw his attention for a little while away from himself and his ills.

On the other hand, although the English may have their fireplaces and the cheery look of a bright fire, their wards are not nearly so comfortably heated or so warm as we like them on this side of the water. The wards are quite as immaculate and orderly, but they are older and so perhaps appear less spick and span and there is so much more to keep in order and so much more dust to get rid of.

In Canada I noticed two different uniforms. In England there are three only. Probationer, staff nurse, and sister—each has her own. I think it is the brand new nurse, not the finished product, who generally wears the jingling chatelaine to proclaim aloud to the world that she has joined the profession. As she gets older she drops it, because it is, as Miss Stewart says, noisy, useless and always in the way.

Outdoor uniform has its advantages and disadvantages. It is easily put on over the indoor uniform and so saves time by doing away with the need of changing when going out, but it is not the wisest and cleanest thing to do to wear in the wards a dress that has been through the dust of the street and in wet weather collected some of the street mud round the edge of the skirt. Its great advantage is that it protects its wearer. A medical student with his bag or a nurse in uniform may go unmolested into the worst parts of the East End of London, and it is there one meets the greater number of cloaked and bonneted nurses. The West End nurse generally dons her civilian costume when she goes abroad and there the nursemaid wears the bonnet and cloak. Is it any wonder nurses are met in such numbers when in one London hospital alone there are nearly eight hundred?

When every village in England has its district nurse or midwife one wonders how they manage without them in Canada. When I have inquired I have been told that they have doctors always. I think they cannot all have

doctors and those who cannot afford to pay for one must often be left trusting to "experienced women." In England after next year, no untrained woman, however great her experience, will be permitted to attend confinement cases. As to the work done by the midwife there can be no question. In one maternity home alone from seven to eight hundred confinements are attended every month at the patients' homes, all of them poor people who are attended free of charge, and they look upon the nurse as their best friend. I can remember more than one instance of receiving a kindness from both men and women quite unknown to me simply because I wore a bonnet and cloak.

S.

HELP TO SUCCESS IN PRIVATE DUTY.

I write with the hope that these few lines will be of help to some of my fellow nurses just starting out on the uneven path of private nursing.

I know of nurses who, with or without reason, will refuse calls, just because it does not happen to suit their personal tastes. One does not want to nurse among the wealthy, because things are not always congenial, another objects to nursing among the poor, because it is too hard work. Of course, every one is free to choose her work, but I wonder if a physician, or one who is in charge of a nurses' register will keep on calling a nurse who is ever ready with an excuse, instead of cheerfully responding to the call. I have heard these same nurses speaking about luck, good or bad; it rests with ourselves to make or mar. Luck certainly does not come to anybody who sits with folded hands, waiting for it. How can we expect to have patients or their homes made to suit our personal taste? We cannot always have things just as we wish them in our own homes.

I think any nurse who has good common sense, and has gone through a hospital training of three years will have at least enough sense to adapt herself to the surroundings and conditions of any home she may enter and know what her duty there is, and not refuse to do manual labor if she finds it necessary.

The author believes convincingly in the spirit of hospital life, which demands of us our best gifts of heart and mind. Gifts which seem so little to those who possess them, but so unattainable to those who come without them. The nurse who entered a training school because she loved the work and felt a great desire for wanting to be helpful to others, and who has allowed this noble feeling to develop as she has gone along, will never think of refusing a call except for some very good reason. She is needed and wanted, and this is to her sufficient reason for responding cheerfully.

She will always be wanted by the physician and her former patients, and need never know "hard luck" as far as work is concerned. She will bring into the home where she is called, hope and help, and be a blessing for the patient as well as the rest of the household, leaving an empty space when she is gone. They will all miss her, and for many a day talk about her as a ray of sunshine who came to warm and cherish when things looked so very gloomy.

I have often wondered why nurses seem to be subject to more severe criticism than the average woman, but since it is the fact, and so much is expected of her, let us be our own critics, putting ourselves in the public's place, and try to come as near to the expected mark as possible, at least let us do the best we know how, with our one talent. It is not the actual care of the sick which proves the hardest task, for this we have all been taught, and to the true nurse it will always be interesting enough to bring out the best in her. But on private duty more is expected of her; at least, more is hoped for, she must be a woman in this word's fullest meaning, ready with good sense always, and a kind word for everybody. It takes an endless amount of tact, it is true, to always know what to do, and how to do it, since our patients live under such different circumstances, sometimes without any servants and then again with a score of them. A nurse is often more criticized in the home with many helpers than where there are none. It is, I am sure, because of neglected duties as she saw them, or because her patient's comfort was not her first consideration, but she was sometimes afraid of lowering herself, or her profession, in doing tasks where she fell on the level with a domestic. I wonder if this might not be called false pride; it is a mistake, I know, more than one nurse has made.

Honest work will never degrade anybody, and since we all serve, from the ruler of a nation down to his humblest subjects, we ought not to feel that any help we can give to others, whether they are above or beneath us in standing, will lower us, a kind word and deed will always be repaid. Often all that is necessary to start the household wheel in the right direction is a bright and cheerful good morning. It would be well to remember that:

"Hearts, like doors, open with ease
To very little, little keys;
Then don't forget that two are these:
Thank you, and if you please."

A nurse must insist upon her daily hour or two off duty. It might have to be given up for the sake of her patient, for a few days, but for the same reason, her patient's welfare, she must try to arrange things in such a way that it will not be necessary long. Somebody can always be trusted to stay in the sickroom for at least a half hour at the time, and during this precious hour I advise all my sister nurses to take a good, brisk walk, no matter what sort of weather. There is no panacea in the world like it to send away the blues. It not only prevents, but cures this ailment. I would rather sleep an hour less than miss my outdoor exercise, even when sleep seems the most precious of all things. It is also impossible to go on nursing without at least once a year, a little recreation, change of scenery and surroundings for a few weeks, if possible, travel a little. We need to broaden. The changing about among patients is not sufficient, as we also need to live our own lives once in a while. For when on duty it is our patient's and not our own we usually live.

A trip abroad is splendid, once in a few years, even if we have to spend the earnings of several months' hard work. It pays in the end.

A. W. W.

THE NURSE AS AN OBSERVER.

It will be conceded without question that the nurse has exceptional opportunities to become a really skilled observer in the sick room, and that the more fully she is trained to exercise this gift the more useful she is likely to be. I am fully convinced that the next ten years will see much more emphasis in hospital schools placed on the training of the faculties of observation than has been the custom in the past, not only of observation of facts and symptoms of disease, but of a great variety of normal facts which have to do with life and human development.

The criticism has been made again and again that though the nurse has unusual opportunities for observation she has added little if anything to the sum of human knowledge concerning disease. The criticism is, to a certain degree true, though the probabilities are that she has not always received the credit which was her due when she did make an observation which the physician had overlooked. The chances are that he often has gone off and told his associates about this discovery as though it was his very own, and that he will continue to do this in the future. Even so, even if nurses never get full credit for their observations, it is worth while to study how to become a skilled observer.

In the report of the social service work of a hospital, which came to hand the other day, there was an account of some of the dispensary cases visited by the dispensary or field nurse. One case was that of persistent insomnia, which stubbornly refused to yield to ordinary measures. The field nurse was detailed to visit the case and observe general conditions. She discovered that the patient was obliged to sleep in a narrow bed with two other members of the family—a fact concerning which the physician who was prescribing for the insomnia had not thought to inquire into. It is along lines similar to these and lines connected with the physical and mental development of children that great advance is promised for the nurse in the next few years.

But if she is to become more efficient as an observer she must be trained how to see and what to look for and how to make practical use of her observations. One nurse who enters on her training with the quality of keenness well developed will see more important facts in a half day in a ward, than another will in a week or a month. One nurse will see more things of interest to relate in a walk down Yonge street some fine morning, than another who journeyed across the continent. A father who was anxious to develop the quality of keenness of perception in his boy used to take him to walk in front of a toy shop and afterward require him to write down a list of things which he saw in the window—a plan well worth trying. I am fully convinced that some such methods are needed with some nurses—perhaps all nurses would benefit by such drill in their junior years. It is all very well to teach them books the theory of symptoms, but a more careful study of the living, normal subject might also form a very important chapter in the training process. How many nurses are there who at the end of their junior year could write an intelligent description of a patient under their care so that all the important facts which nurses might, and should notice, about such a case would

be included? Wouldn't some such drill be better worth while than long, weary days and weeks spent learning to "say their bones," or in wrestling with the names of hundreds of muscles, arteries, and nerves, which they will soon forget for lack of opportunity to use such knowledge.

"Describe a healthy skin," I asked a class of nurses, not long ago. It seemed a simple question, but not a nurse could do it. If a nurse has not perceived the conditions present in the normal skin, how can she be expected to note the condition intelligently when disease is present? And what is true of the skin is true of a great variety of other human phenomena. "What are the first three or four things you would notice about a new patient whom you were called to the reception room to take charge of?" I asked a class. They all, with one consent, declared that the first thing they would notice would be whether or not he was very sick, which was exceedingly improbable, as they decided after thinking and talking the thing over.

In the most progressive schools for nurses to-day, bed-side clinics for the teaching of symptoms are held in addition to the theory taught in the class-room. Surely this is as necessary for nurses as for medical students. Consider and compare the length of time a nurse spends in close contact with an acute case (say a patient ill with typhoid fever or pneumonia) with the time which the physician spends with the case—the time and opportunity she has of making first-hand observations as compared with him. How many times does a physician see the act of vomiting as compared with the nurse's observation of vomiting, the causes of which are sometimes exceedingly hard to determine.

In the matter of clinical teaching of symptoms, it seems best to have some systematic plan about it—something that will mark an advance from year to year. During the probation period attention might well be called to the points to be noted in describing normal conditions or subjects. If a nurse understands the chief characteristics of a normal skin, of a normal stool, of a normal pulse, of a normal urine, she will the more readily perceive abnormal conditions. She is probably taught to count the pulse during the probation term till she has learned to count it accurately. Counting is, however, not all which she should be taught about the pulse. The old way was to teach her to count the pulse, and let her pick up, any way she could, any additional facts about it. Under the new system of bedside teaching of symptoms, she is taught first what the pulse is, and the knowledge regarding the patient's condition which may be gained from careful observations of the pulse; the correct method of examining the pulse and such terms as volume of tension, rate and rhythm, as they relate to the pulse, are explained. Her attention is called in a practical way to the difference in the pulse rate when standing and lying. Later on in the course, another clinic on pulse and respiration is held, when other significant facts about the pulse are taught. The effects of baths, emotions, drugs, shock and hemorrhage are taught. Such conditions as tachycardia and bradycardia are explained, and the nurse is shown various minute details regarding the pulse not contained in the first lesson.

What may a nurse observe regarding the pulse?

What is meant by volume, compressibility, tension, rhythm in connection with the pulse?

What is a dicrotic pulse? In what diseases would you expect it, and what might it indicate?

What changes would you expect in the pulse from a hot bath? From a neutral bath? From a cold bath? All these are questions concerning which instruction should be given in a nurse's first year. Every ward—even if it has only a few beds, furnishes an opportunity for clinical teaching regarding these points.

Hospitals have come in for much criticism in the past few years for over-attention to the making up of unoccupied beds, the folding of sheets, over and over again, so that they will present a uniform appearance when laid on the shelves, etc. I very well remember, when a nurse in training, how my superintendent used to keep emphasizing on us the importance of the appearance of the linen cupboard. It was a large cupboard, which stood in the hall, and the nightgowns were kept on the bottom shelf. One way which she had of impressing us was to haul the whole collection of nightgowns out on the floor after we had patiently folded and patted them, and tried to make them look their best. Then she would read us a very severe lecture intended to make us feel guilty of sloth and negligence and general carelessness when we had honestly tried to make those unruly gowns look, in piles, as she thought they ought. Now a little of this sort of thing is all right; far be it from me to suggest that nurses should be allowed to "grow up" with untidy habits unchecked. But the folding of nightgowns and patting of pillows on unoccupied beds can easily be carried to extremes. It can easily be exaggerated in importance and allowed to crowd out other matters that vitally concern the patients of the present and future, and the real development of nurses. It is all right to demonstrate bed-making—very necessary, indeed—to teach nurses all the little points to observe about beds, occupied and unoccupied, but let the good work of demonstrating not stop there, let the most emphasis be placed on the patients who are to occupy those beds.

In all the text-books of nursing there are chapters on the observation of symptoms. When I first began to teach nurses we galloped through that chapter in one class period. Later, I planned to devote four class periods to that one chapter, and even then I felt that the nurses, as a whole, were far from grasping the importance and significance of much that was touched on in that chapter which may wisely be taken up in the first six months. The theory contained in that chapter forms a good ground work for the practical teaching of symptoms which should come later.

C. A. AIKINS.

(To be continued.)

TO WHAT EXTENT DOES THE SMALL HOSPITAL FIT ITS GRADUATES FOR INSTITUTION WORK?*

It is the general consensus of opinion that a nurse trained in a small General Hospital is fitted for private duty only, that her training and experience has not been such as would be likely to develop any administrative powers which she might possess. So prevalent has this idea become that many young women of exceptional ability are deterred from entering the small school because they fear the training is not adequate, nor the standing of the hospital sufficiently good for them to obtain an institutional position on its diploma.

It is my intention to set forth as well as I am able what training in executive work a nurse, if she so desire, may receive in the average General Hospital of, say, fifty beds. A nurse gifted with a fair amount of intelligence and with proper instruction from her superintendent should know all, or nearly all, there is to know about the management of a small hospital, from the superintendent's office down to the kitchen and laundry.

During the first two years the duties of a pupil nurse are much the same in all general hospitals of whatever size,—consisting usually of a preparatory course with frequent demonstrations by the superintendent, then ward work under a senior nurse. She learns the proper nursing of surgical and medical cases, and will probably have realized that the foundation principles of good nursing are practically the same in all cases. She will have received her junior operating-room and obstetrical training, and will be looking forward to the increased responsibility of the third year. (It is a significant fact that I have never heard one of my nurses say that the three years course was too long, the remark being frequently made "the last year is not half long enough for all the work we have to do").

You will pardon me if I mention the way the third year work is divided in our institution, as it is the only small hospital with the working of which I am entirely familiar. It is a fifty bed hospital and no house surgeon is kept or graduate nurse employed except to give special courses to the pupils.

There are four charge nurses, one for the operating-room work, dispensary and surgical supplies; one for the private wards; one for the men's ward; and one for the women's ward and obstetrical department. These positions are held respectively for from two to three months, so in her last year the nurse gets the opportunity of managing all the nursing departments of the hospital.

The operating-room nurse is responsible for the operating-room, and in connection with it she prepares for and assists at operations, sees that supplies are kept up, etc. And while the operations are comparatively few in number, yet the work itself must be just as thorough and modern in the remote country hospital as in that of the large city if favorable results are to be obtained. Doctors, everywhere, nowadays go away to attend the clinics of noted physicians or surgeons. (I will venture to say there is scarcely a hospital of any size in Ontario of which one or other of its surgeons has not made a pilgrimage to that Mecca of American surgery, St. Mary,

*Read before the Canadian Hospital Association.

Rochester). They come back and put into effect much of the technique they have seen, so it follows, while the nurse trained in a small hospital may not have seen a great deal of surgery, yet what she has seen has probably been very good, done in an up-to-date modern operating-room under the best possible aseptic conditions.

The nurse in a small hospital gets a valuable dispensary training, as in most of these institutions no resident pharmicist is kept. All prescriptions are put up by her, and in no way can the knowledge of drugs, their combinations and therapeutic effect be so well learned. She makes up the various ointments, antiseptic solutions, mouth washes, etc., according to formulae, and has them always ready for distribution to the wards. All dressings and surgical supplies for the whole hospital are prepared and given out by her (in this she is assisted by a junior nurse). She keeps the books containing the list of all surgical supplies and drugs bought during her term of service, how many bottles of medicine are made up and to what wards they are sent, how much gauze and absorbent cotton is made into dressings and what quantity each department uses. In this way she easily learns the value of the supplies with which she is working, and how much is used throughout the hospital. Is this not an important training for a nurse who wishes to become a superintendent, or head nurse in a small hospital? The head nurse's duties on the public ward differ not a whit from those of a larger hospital. She may only have charge of ten or fifteen patients instead of twenty or thirty. She may only have one or two nurses under her instead of twenty or thirty. She may only have one or two nurses under her instead of three or four, but the essential principles of ward management remain the same, and a nurse must possess good executive ability and tact in order to make a success in a small, as well as a large hospital.

In a small hospital with an active obstetrical service a nurse will get a good deal of experience while in charge of such a department, and while granting there is a good deal of responsibility for a pupil in training, yet is it not better for her to have it under her own superintendent who knows her weak points as well as her strong, and is able to show her wherein she fails? If she is to assume charge of a similar department in another hospital she will certainly have more confidence in her own ability and have greater experience, because she has been in charge in her own hospital.

Most small hospitals have a comparatively large number of private ward patients. This is especially true in country towns, as a good many people think it would lower their social status to go into a public ward in a town where they are well known. The head nurse who can keep ten or fifteen private ward patients well cared for, happy and satisfied, must be something of a diplomat as well as possessed of no mean administrative ability. It is especially necessary that patients should be well pleased, as in a small town one dissatisfied patient cannot only do the hospital much harm, but will prevent those coming in who really need the treatment that only a hospital affords.

An important part of household management which falls to the pupil nurses is taking charge of the house-keeping department during the house-

keeper's absence (if no house-keeper is kept, a nurse usually assists the superintendent in this work). She will be called upon to see that the maids' work is well done, that the meals are cooked properly and served promptly, that the requisition lists for the wards and the general kitchen are filled, and the various items entered in a stock book kept for that purpose. It is often a revelation to her how many dozen of eggs, quarts of milk, pounds of butter and meat, to say nothing of other articles, even a small hospital can do away with in one month. She will be required to keep an account of all household supplies bought with price of same, during the time she is in charge. This is also important training for the nurse who may be called upon to take charge of a small hospital.

The most valuable experience in administration the senior nurse of the school receives, should she wish to fit herself for institutional work, is taking the superintendent's place during her absence from the hospital. The superintendent, no matter how devoted she may be to her work must occasionally be absent for a few days as well as on her annual vacation. The nurse who represents her must admit and discharge patients, collect fees, make out accounts, keep the hospital books, may perhaps have to send off the monthly government report. She will in this way get an insight into the management of a hospital which should be of the utmost value to her. She will see what the receipts and expenditures are for the month, and know what ratio the patients' fees represent to the entire expense. Incidentally she ought to learn from what sources the revenue of the hospital is derived, how much the Government grant is, and when it is due, what amount is received from the town and township and county.

In addition to this purely business part she must have a general oversight of the whole hospital, give instructions and advice where needed, make the new patient feel that he or she is a chief consideration with her, keep everyone in good humor, and all the machinery running smoothly. By the time she has done this for a month she will not only have gained valuable experience for herself, but will have found out that the position of superintendent is not altogether the bed of roses she might erstwhile have imagined it to be.

There are phases of the work in a small hospital while not directly bearing on administration are of value to the nurse going to another small hospital. Time and time again in her training she is made to realize (as she can never realize in a large hospital) that the hospital's finances are not inexhaustible, and if during some rare time of strain and stress she has to wait for her salary till some money comes in, it is impressed on her mind in a practical if scarcely pleasant way.

The pupil in a small hospital has much more opportunity of meeting the members of the Governing Board than she has in a large hospital. And usually the trustees of a small hospital take a very acute interest in the individual pupils of the school. The social side of life is not forgotten either. In our town it is the practice of many of the Board of Management and the physicians' wives to ask the senior class to their various receptions and entertainments, so that a girl who has been accustomed to society need not give

it up entirely, while to one who has not had many social advantages meeting with refined and gracious people who are really interested in her gives a poise not otherwise attainable, and will be of untold value to her should she become superintendent of a hospital in a small town, where she, by virtue of her position, will be expected to possess some measure of social grace.

I do not intend to say much about the theoretic training a nurse receives in a small hospital. I believe it in most cases to be equal to that she would receive in a larger school. Much depends upon the superintendent's ability to impart knowledge and direct her pupil's mind to the proper studies. In these days of many text-books for nurses on all subjects, including "Ethics," "Training School Methods," "Guides to Operating-room," up-to-date works on "Obstetrics," etc., it ought not to be hard for any nurse, if she so desire, to become proficient in theory as well as practice. In addition, nursing journals are found in all training schools, and from reading these the professional out-look may be gleaned.

The staff doctors are usually willing to give instructing and interesting lectures to the pupils. The Board of Trustees will often stand the expense of special courses in "Dietetics," "Massage," etc., as they are ambitious for the pupils graduating from their hospital to be throughly trained in as many branches of the work as possible. All things considered, the nurse who is desirous for administrative work may receive much training for it during the last year of her course in a small hospital.

Of course, not all nurses have executive ability, whether trained in a large or small hospital, but those who have will have ample scope for its development in a very moderate sized hospital. A nurse may be inclined to be a little narrow in her out-look professionally and think that the methods in vogue in her own hospital are the only ones worth considering, but surely a short post-graduate or visits to other hospitals after leaving the school would counteract this constricted out-look, and I for one, though trained in a large hospital, and fully recognizing the many advantages such a training confers, were I a member of the Board of a small hospital desiring a superintendent or head nurse, would be very much inclined to consider carefully the application of a nurse graduating from a small or medium sized hospital, provided her references and personality were all that they should be.

M. MORTON.

Collingwood.

The Victorian Order of Nurses is Canada's national organization for district nursing, and it behooves every Canadian nurse, at least, to know just what it stands for, what are its workings, its extent and its possibilities.

We would, therefore, plead for instruction, for the nurses-in-training in our hospitals, as to the history of the Victorian Order, its extent, its work in all its fullness, and the broad, liberal principles underlying its operations.

The Chief Superintendent is ever ready to give information desired about the Order, and as she visits a great many points in the course of a year, she would very gladly give little talks on the Order to classes of nurses in the hospitals, in those places, should the Superintendents desire it.

Since the beginning of the year the following nurses have been admitted to the Order: Misses Aldrich, Holder, Traynor, Ellis, Smith, Cookman, MacRitchie, Bothing, Lindsay, Kellier, Gallop, Wills, Wallace, Macdonald, Mathieson, Gay, Annie Fraser, Elizabeth Hall.

Miss Elizabeth Offord has gone to Swan River, Man., to take charge of the Victorian Hospital there.

Miss Violet Nesbitt has been appointed Superintendent of the Lady Minto Hospital, New Liskeard, and Miss Howell has been appointed night nurse.

Miss Keith resigned the superintendency of the Lady Minto Hospital, New Liskeard, and is taking a well-deserved rest, before entering on the duties of another position.

Misses Wills and Gallop, V. O. nurses, have received the appointments of school nurses under the Protestant School Board of Montreal.

A post-graduate course in district nursing—four months—is given at one of the three training centres of the Order, at Ottawa, Montreal or Toronto. For full information, apply to the Chief Superintendent, 578 Somerset Street, Ottawa, to the Montreal District Superintendent, 76 Mackay Street, Montreal, or to the Toronto District Superintendent, 206 Spadina Avenue, Toronto.

Many positions requiring nurses with superior qualifications and marked executive ability are filled from the ranks of the Victorian Order nurses every year.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 6.15 p.m. Last Tuesday Holy Communion at R.V.H., 6.15 p.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.

OTTAWA—The Cathedral, First Monday.
Chaplain—Rev. Canon Kitson, the Rectory.
Local Superior—Miss L. C. Wicksteed, 194 Albert Street.

TORONTO—St. James' Cathedral Rectory, last Friday, 8 p.m.
Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.
Local Superior—Mrs. Welch.
Secretary—Miss Maud Roger, 5 Howland Ave.

The April meeting of the Toronto Branch of the Guild of St. Barnabas was held, by kind permission of the Superintendent of Nurses, in the Nurses' Residence of Grace Hospital, corner of Huron and Division Streets, Toronto, on Friday, April 30th, at 8 p.m. in the spacious parlors of the residence. The nurses at present in the Training School occupied seats at the west end of the rooms, with the superintendent, Miss Alice Scott, and the members of the Guild, of whom there were a good number present, occupied the front seats. The chaplain delivered a most thoughtful, interesting and practical address. Like all Canon Welch's addresses, it will long be remembered by those who were privileged to hear it. The meeting took place under rather unusual circumstances, inasmuch as the fact of the impending departure of Canon and Mrs. Welch had that day been announced by the press and every member of the Guild felt a keen sense of regret and loss at the thought of so soon losing a Superior and a Chaplain whose goodness and kindness to the members of the Guild has been unbounded and whose devotion to the duties of their offices in the Guild has established a noble standard for all the members of the Guild and their successors. Wherever they go in the world, the Canon and Mrs. Welch will carry with them the affection and gratitude of all members of the Guild who have been associated with them in Canada.

The last meeting of the Toronto Branch before vacation will take place on June 12th, being the day after St. Barnabas' Day, at an hour and place to be announced at the May meeting.

My Scallop-Shell of Quiet

Give me my scallop-shell of quiet,
  My staff of faith to walk upon,
My scrip of joy, immortal diet,
  My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.

Blood must be my body's balmer;
  No other balm will there be given:
Whilst my soul like quiet palmer
  Travelleth toward the land of Heaven:
My soul will be a-dry before,
But after, it will thirst no more.

—*Sir Walter Raleigh.*

THE PRACTICE OF THE PRESENCE OF GOD.

It is true we do not everywhere alike discern Him; but this is our blindness and not His darkness. In the narrow ways of common life, amid the din of labor and traffic, He seems to pass away; though it were well that His sanctity should be nigh, to cool the heat and guard the purity of our toiling and tempted hands. But we acknowledge space and silence to be His attributes; and when the evening dew has laid the noonday dust of care, and the vision strained by microscopic anxieties takes the wide sweep of meditation and earth sleeps as a desert beneath the starry Infinity, the unspeakable Presence wraps us close again, and startles us in the wild night wind, and gazes straight into our eyes from these ancient lights of Heaven.

—*James Martineau.*

RELIGION.

I mean by religion the deepest that there is in any human being. When you reach the core of any man, you reach, it seems to me, the divine spark in him; that is you reach his religion. Religion is not one energy or one interest among others, it is the heart, the centre, the core of every interest. In my opinion any man is slovenly and slipshod who does not find religion as the ultimate motive and goal of his task, whatever it is. Under this definition it is obvious that we cannot go to the bottom of any trouble, whether it be health or grief or anything else without teaching religion. If religion includes the whole of one's life as a house includes a room, then the man who would set his house in order must know all the rooms, must know the whole of the house before he ventures to touch any part of it.

—*Richard Cabot, M.D., in the American Magazine.*

The Canadian Nurse

VOL. V. TORONTO, JUNE, 1909 No. 6

Editorial

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

The Association held its fifth annual meeting in Toronto at the Nurses' Residence of the Hospital for Sick Children on Saturday, May 22nd, about one hundred nurses being present, among whom were representatives from London, Kingston, Hamilton, St. Catharines, Collingwood, Stratford, Galt, Guelph, Lindsay and Newmarket, and visitors from Parry Sound, Rochester and Brooklyn. Our readers will find elsewhere a full official account of the proceedings from the secretary, and we have also the pleasure of presenting the excellent paper of Miss De Witt. These meetings from time to time are certainly a great benefit to all who attend them, and we congratulate the Association both on the good attendance and the good programme.

REGISTRATION.

We would draw the special attention of our readers to the brief abstract of Miss Eastwood's valuable paper on this subject. "The Canadian Nurse" cordially agrees with Miss Eastwood that legislation to this end should be one of the chief objects, if not *the* chief object, of the Graduate Nurses' Association of Ontario, and of all other provincial associations and alumnae associations. It is necessary to the best welfare and progress of the profession and will be a still greater benefit to the public than to the profession. Let registration be promoted and advanced by every wise means in our power or in the power of our friends.

THE INTERNATIONAL CONGRESS OF NURSES.

Three great conferences will mark the year 1909 in the nursing world. Two are over, and the third and greatest is yet to come. The first was the Nursing and Midwifery Conference, held in London in April, and rendered important and impressive not only by a large and representative attendance, but by the character and grasp of the programme and the discussions on such subjects as "Nursing Homes," "The Care of the Infant," etc. Eminent members of the nursing and medical professions took part. The second was partly historical and partly social in its interest — the Jubilee Congress of District Nursing on May 12th—an event second to none in interest, as the event which it commemorates is second to none in its importance.

The third is the International Congress, arrangements for which are now both complete and fascinating, and in all of which Canadian nurses will

have their share. We can only say that any of our subscribers who can possibly go must try to let nothing stand in the way, for this is the chance of a lifetime. Sail some time in June and you will be in good time—not later than Dominion Day at least.

The last number of "The British Journal of Nursing" of May 15th contained interesting accounts of the Australasian, the German, the Swedish and the Japanese delegations. The Canadian delegation are arranging about a badge—and the suggestion comes from Montreal that all Canadian nurses in London should wear a white ribbon with "Canada" upon it in large gold letters. We would suggest that this might be fastened with a maple leaf pin in enamel.

Editorial Notes

The United States of America.

Johns Hopkins Hospital.—A new and beautiful children's ward, called the Harriet Lane Home for Children, is about to be erected as part of the Johns Hopkins Hospital. The plans have been accepted and work will be proceeded with at once, so that, if possible, the new ward, which will really be rather a children's hospital than a ward, may be opened in 1910.

Michigan.—We have received from the secretary, Miss E. G. Flaws, of Grand Rapids, a programme of the fifth annual meeting of the Michigan State Nurses' Association, for May 25th, 26th and 27th, in the Auditorium, Saginaw, Michigan. The programme is a most attractive one, and includes an address on "The Professional Nurse and Her Relations to Public Health Service," by Miss L. L. Dock, and three papers by Miss Goodrich of Grand Rapids, Miss Aylsworth of Detroit, and Miss Abbott of Chicago, on School Nursing.

Bellevue and Allied Hospitals.—The graduating exercises of the Bellevue Training School for Nurses were held on the 28th of last month, and on the same evening the beautiful new Nurses' Residence in connection with Bellevue Hospital was opened by the Honorable Geo. B. McClellan, Mayor of New York. This new residence is spoken of in terms of approval and admiration by all who have seen it, and will certainly aid in the successful development of the Bellevue Hospital system. Miss Goodrich is to be warmly congratulated on the completion of this important part of her work.

The Outlook of Nursing.—In a recent number of "The American Journal of Nursing," Miss L. L. Dock has a timely and interesting article on "The Changing Outlook of Nursing," pointing out how many doors are now opening to the trained nurse, especially in regard to public health and preventive medicine.

Scotland.

Registration of Nurses.—Great diversity of opinion seems to exist in regard to the bill for the registration of nurses, as to whether it should apply to Scotland or not. Irish nurses very properly objected at being excluded from the bill, and now some Scotch nurses seem to object to being included. The matter is not at all settled yet.

"The Territorials."—This is the short name popularly given to the nurses who have joined the Nursing Service of the Territorial Force. The Lod Provost of Edinburgh at a public meeting in the City Chambers, recently presented their new scarlet badges to them. Among those present were Miss Gill, Lady Superintendent of the "Royal," Miss Haldane, Lady Helen Munro-Ferguson, Lord Balfour of Burleigh, etc., etc.

Great Britain.

Sir Donald Currie.—Death has just claimed one of the merchant princes of the British Empire, a true captain of industry, the head of the Union Castle Steamship Company. He was good to our profession. He gave £20,000 to erect a Nurses' Residence and Maternity Students' House in connection with University College Hospital, and added besides £2,500 as a "gift from his daughters" to furnish these buildings. He used often to send flowers to hospitals.

The Nurses' Missionary League.—Leaflet No. 3 of this league has just been issued, and we find on perusal that it refers to many matters of interest, such as the fact that the threatened deficit has been averted, that fine new plans are under way, including one for a camp, and another for a convention, and that the work of the league carries a blessing with it. The annual meeting has just taken place and was a great success. The league has one thousand members, but the total number of trained nurses connected with foreign mission work in the whole world is only 260.

The Trained Nurse at Sea.—As mistress of the seas, Britain should be the first to place the trained nurse on the great passenger steamers. She is needed there, as the "Nursing Mirror," the "Whitehall Review," and other journals have been saying repeatedly.

India.

Duty Hours for Nurses.—A nurse has written to the "Times of India," to point out that the "twelve hour rule," objectionable in hospitals at home, is still more so abroad, on account of climatic and other conditions. We certainly agree with her.

England.

School Nurses in Uniform.—The Education Committee of the London County Council has decided that their school nurses shall wear uniform when on duty at schools or at the homes of the children. They feel that the uniforms will protect the nurses and secure for them a greater measure of respect and attention.

Malta.

The King.—His Majesty has been helping hospitals again. On his recent "holiday" he found time to open the Connaught Hospital at Malta and said of hospitals: "There is not a form of public enterprise that has my more cordial sympathy."

Ireland.

A New Honor to Nurses.—Miss Macdonell, R. R. C., formerly lady superintendent of three hospitals in Dublin and matron of the Irish Hospital

in South Africa during the war, has been appointed by His Excellency the Earl of Aberdeen, Lord Lieutenant of Ireland, to a seat on the Board of Superintendence of Dublin Hospitals. This is a signal and well deserved honor.

New Zealand.

Nurses' Registration.—Dr. Valentine, Inspector-General of Hospitals and Registrar of Nurses, writes to the "British Journal of Nursing" to say that there is no idea in New Zealand of reducing the term of training from three to two years.

France.

King Edward's Nursing Home at Biarritz.—The four nurses who are working at this institution had the honor of being presented to the King during his recent visit, at His Majesty's desire. The King also inspected the ambulance which he gave last year to Biarritz and was told that it had been used forty-four times.

Editorial Board

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Miss Mayou, Supt. Dr. Grenfell's Hospital, Deep Sea Mission, Harrington.

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Miss McDonald, Supt. Prov. Royal Jubilee Hospital, Victoria.
Miss Ethel Morrison, T.N.C., 1442 Elford St., Victoria, B.C.
Miss Evans, Supt. Kootenay Lake General Hospital, Nelson.
Miss Green, Supt. Gen. Hospital, Golden.
Miss Roycroft, A.A.V.G.H., Vancouver.

Yukon Territory

Miss Moodie, Hospital of the Good Samaritan, Dawson.

The United States of America

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Dr. Helen MacMurchy, 133 Bloor St. East Toronto.

Official Department

Queen Alexandra's Imperial Military Nursing Service.
The Canadian Permanent Army Medical Service (Nursing Branch).
The Canadian Society of Superintendents of Training Schools for Nurses.
The Canadian National Association of Trained Nurses.
The Association of Hospital Superintendents of Canada.
The Canadian Nurses' Association.
The Manitoba Association of Graduate Nurses.
The Graduate Nurses' Association of Ontario.
The Victorian Order of Nurses.
The Guild of St. Barnabas for Nurses.
The Brockville Graduate Nurses' Association.
The Collingwood G. and M. Hospital Alumnae Association.
The Calgary Graduate Nurses' Association.
The Edmonton Graduate Nurses' Association.
The Ottawa Graduate Nurses' Association.
The Fergus Royal Alexandra Hospital Alumnae Association.
The Galt General Hospital Alumnae Association.
The Guelph General Hospital Alumnae Association.
The London Victoria Hospital Alumnae Association.
The Kingston General Hospital Alumnae Association.
The Montreal General Hospital Alumnae Association.
The Montreal Royal Victoria Hospital Alumnae Association.
The Ottawa Lady Stanley Institute Alumnae Association.
The St. Catharines General and Marine Hospital Alumnae Association.
The Toronto Central Registry of Nurses.
The Toronto General Hospital Alumnae Association.
The Toronto Grace Hospital Alumnae Association.
The Toronto Graduate Nurses' Club.
The Toronto Hospital for Sick Children Alumnae Association.
The Toronto Riverdale Isolation Hospital Alumnae Association.
The Toronto St. Michael's Hospital Alumnae Association.
The Toronto Western Hospital Alumnae Association.
The Winnipeg General Hospital Alumnae Association.
The Vancouver Graduate Nurses' Association.

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THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

For the year ending October 15th, 1908.

Officers for 1908-09: Miss Barnard, President; Miss A. Clarke, 1st Vice-President; Miss L. Adams, 2nd Vice-President; Miss A. Robertson, Recording Secretary; Miss B. Goodhall, Corresponding Secretary; Miss M. Wilson Treasurer; Miss M. Gray, 505 Sherbourne St., Secretary for "Invalid Cookery"; Misses M. Haley, E. Jamieson and M. Ellrington, Directors; Miss J. Hamilton, 608 Church St., Convener of General Business Committee; Miss Sales, Miss McQuaig and Miss J. Gray.

THE ALUMNAE ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers for 1908-09: Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M. Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the board room of the hospital.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE

The following ladies have received appointments as Staff Nurses: Miss K M. Burgess, Miss W. Halloran.

Postings and Transfers.

Sisters.

Miss D. D. Tripp, to Connaught Hospital, Aldershot, from the Alexandra Hospital, Cosham.

Miss A. Willes, to Royal Herbert Hospital, Woolwich, from Military Hospital, Tidworth.

Miss E. M. Lyde, to Military Hospital, Tidworth, from Royal Victoria Hospital, Netley.

Miss M. F. Steele, to the Queen Alexandra Military Hospital, Millbank, London, from Royal Herbert Hospital, Woolwich.

Miss M. Pedler, to Military Hospital, Gibraltar, from Military Hospital, Dover.

Miss M. S. Ram, to Royal Herbert Hospital, Woolwich, from Royal Military College, Sandhurst.

Miss G. E. Larner, to Royal Military College, Sandhurst, from Military Hospital, York.

Miss E. C. Humphreys, to Military Hospital, York, from Royal Herbert Hospital, Woolwich.

Miss F. M. Hodgins, to Royal Arsenal Hospital, Woolwich, from the Queen Alexandra Military Hospital, Millbank, London.

Staff Nurses.

Miss M. G. C. Foley, to Military Hospital, Devonport, on appointment.

Miss C. C. M. Gibb, to Royal Victoria Hospital, Netley, from the Alexandra Hospital, Cosham.

Miss I. M. L. du Sautoy, to the Alexandra Hospital, Cosham, from Royal Victoria Hospital, Netley.

Miss S. Richards, to Military Hospital, Cottonera, Malta, from Military Hospital, Valletta.

Appointments Confirmed.

Staff Nurses.—Miss M. A. W. Green.

E. W. BECKER,
For Matron-in-Chief, Q.A.I.M.N.S.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

Officers 1909-10.

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First Vice-President—Miss E. Deyman, Hamilton.

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Recording Secretary—Miss Julia Stewart.

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Board of Directors—Miss Brent, Miss Matheson, Miss Potts, Miss Muldrew, Miss Barnard, Miss Neilson, Miss McNeill, Miss Jameson, Miss Wardell.

The sixth annual meeting of the Graduate Nurses' Association of Ontario

was held on Saturday, May 22nd, at 2.30 p.m. The meeting was well attended, representatives being present from Kingston, Hamilton, Galt, Guelph, Collingwood, Fergus and other places.

The meeting was opened by prayer by the president, Mrs. Currie, after which President Falconer, of Toronto University, gave a short address. He spoke of the value of the nurse's work in the uplift of the human race, and of the influence it must have in character building. He reminded us that character is the most valuable asset in life. He advised us to strive to enlarge our interests in our leisure time, by storing our minds with the best literature, to "browse among good books."

The president, Mrs. Currie, then gave a brief resumé of the work of the year. We close the year with a membership of 311, having added 41 new members this year, over half of whom were from Hamilton. The Alumnae there has done excellent work in interesting its members in our association. St. Catharines also has sent us a goodly number.

In the absence of Mrs. Roden, Miss Bowerman read the treasurer's report, which was most satisfactory, showing a balance to our credit of $165.00. This is almost double that of last year and the Association has reason to feel proud. It having been proposed that the nurses of Canada place a wreath on the tomb of our late beloved Queen Victoria, a sum of money was voted for this purpose. The nurses of Canada are glad and proud to be permitted to do this, and feel that it is a high honor and privilege. Miss Brent suggested that the design be something emblematic of Canada, possibly the maple leaf.

Miss De Witt, assistant editor of the "American Journal of Nursing," then gave a clever and interesting paper on "Problems of the Private Duty Nurse," which was listened to with deep attention. (This paper will be published in full in these pages.)

Miss Bowerman, president of the Toronto Graduate Nurses' Club, spoke briefly on some of the problems which confront the nurse when she first leaves her alma mater, for which the hospital training does not quite equip her. She thought that if the nurse were better prepared for her duties in the outside world the Central Registry would not find so many nurses registering for hospital cases only, and there would not be the present difficulty in getting nurses to go to the country. She emphasized the necessity for keeping up one's interest in other than professional things.

Miss Eastwood, Superintendent of the Victorian Order of Nurses, then gave a talk on registration. The first bill of this kind was passed in South Africa in 1891, followed in 1901 by one in New Zealand. It is about ten years ago that the first bill was passed in the United States, since which time twenty-two states have obtained state registration, twelve bills of the kind having been tried last session, eleven of which have passed. Miss Eastwood went on to say that the chief opponents of registration were the small hospitals, the special hospitals, and the correspondence schools. Although we have none of the latter in Canada, we have their products, and the public are being imposed upon in this way every day. She reminded us of the objects for which we had been organized, and said that unless we set about

securing legislation we were not justifying our existence as a society. She advised an energetic campaign, sending out literature on the subject, to reach the nurses in training, the alumnae associations, etc. Canada does not want to be behind in any educational measure. She trains many more nurses than she can use, and a very large proportion of the graduates of small hospitals go to the United States to take up their calling there. It is becoming more and more necessary to have registration.

One of the most valuable and interesting features of the whole programme was the demonstration by Miss Potts, assistant superintendent of the H. F. S. C., Toronto, on "The Making of Whey for Infant Feeding," and "The Handling and Bathing of Splint Cases." All members followed this demonstration with evident satisfaction and pleasure.

In the evening Mr. John Ross Robertson gave a fine address. He related some interesting facts in connection with the founding of the Lakeside Hospital. He urged upon us the necessity for securing legislation and spoke of the best way of reaching the people. He advised sending out letters on the subject to nurses, doctors and hospital boards, and most generously offered to supply all the printing, an offer which was much appreciated by all present.

Miss Jewison gave a very interesting paper on "New Treatment of Various Diseases," which will be published in this journal, and Mrs. Torrington, president of the local Council of Women, spoke to us for a short time, and Miss Jessie Carter's recitation brought to a close the annual meeting of 1909.

The following ladies registered as members of the Association: Miss Tweedie (T.G.H.), Miss Wilson (H.S.C.), Mrs. Burns (R.V.H.), 609 Jarvis Street; Miss Donnelly (St. M.), 609 Church St.; Miss Beam (T.G.H.), 728 Spadina; Miss Hall (T.G.H.), 18 Earl; Miss D. E. Street, 200 Hughson N., Hamilton; Miss Ella Baker, box 825, Collingwood; Miss M. A. Gibson, 14 Lindsay Ave., City; Miss S. E. Richards, 573 Church St.; Miss M. J. Allan, 3 Classic Ave.; Miss Hunter, 19 Isabella St.; Miss Bowerman, Miss Kennedy, Miss Reade, 505 Sherbourne St.; Miss Kelman, Newmarket; Miss E. R. Greene, Miss Stuart, Hamilton; Miss Johnston, Orillia; Miss Morton, Miss Moore, Miss Dawson, Collingwood; Miss Redmond, Stratford; Miss Hanna, Miss Conner, Miss Street, Miss Carr, Hamilton; Miss Kent, Lindsay; Miss Stewart, Guelph; Miss De Vellin, Toronto. Among the visitors were Miss De Witt and Miss Richardson of Rochester, Miss Hennessey of King's County Hospital, Brooklyn, N.Y., Miss Evans and Miss Adam of Hamilton, Miss Allen, Miss Whatmough and others of Toronto.

Hospitals and Nurses

Miss E. A. J. Wilson (M. G. H. '02) has gone to St. Agathe, P.Q., to take a position.

Miss Edith Liddy, graduate of Hamilton City Hospital, has gone to live in Killarney, Man.

Miss Gertrude Summerfeldt has gone to Portage La Prairie, as assistant to Miss Bowman in the General Hospital.

Miss Gwen. Nichol (M. G. H. '08) has been appointed third assistant on the staff of the Montreal General Hospital.

Miss Wills, M. G. H. class '08, has been recalled from New York by the Victorian Order to fill a position as school nurse in Montreal.

Miss M. Lewella Hanna, who has recently returned from Fordham Hospital, has been appointed to succeed Miss Elizabeth Aitkin.

The Victoria Convalescent Home has had a busy season. No more delightful place could be found for any one needing rest and care.

Miss Turner and Miss Campbell, two graduate nurses in private practice in Victoria, are leaving for a three months trip to the Old Country.

Miss Elizabeth Aitkin, who has had charge of the operating room in the Hamilton City Hospital, has resigned and will do private nursing in Hamilton.

The last meeting for the present season of the Alumnae of the Hospital for Sick Children, Toronto, will be held at the Nurses' Residence on June 10th at 3 p.m.

Lady Aberdeen, Mrs. H. T. Bovey and Lord Strathcona will represent the Victorian Order of Nurses at the Jubilee Congress of District Nursing, in Liverpool.

Miss Katie Brock (M. G. H. '05), lady superintendent of the American Hospital, Havana, Cuba, has returned to her duties after a month's holiday in Montreal.

Miss K. H. Brock, graduate of Montreal General Hospital, is now superintendent of the American Hospital, Vedavo, Havana, Cuba, and is doing an excellent work.

Miss J. Allan, graduate of Grace Hospital, Toronto, has been appointed assistant to Miss Lawrence of the Sarnia General Hospital, and assumed her new duties on May 16th.

Miss Beatrice T. Nicholson, graduate of Kingston General Hospital Training School for Nurses (1909) has been appointed head nurse of the General Hospital, Sudbury.

Miss Margaret Melross, graduate of Hamilton City Hospital, class '09, has been appointed supervising nurse of the operating room in the General Hospital, Niagara Falls, Ont.

Miss Sinclair (T. G. H.) has resigned her position at Macdonald College, Ste. Anne de Bellevue, and accepted the position of Superintendent of the General Hospital, Ludhiana, India.

Miss M. E. Lord has accepted a position in the American Oncologic Hospital, Chestnut Street, Philadelphia, as operating room nurse.

Mrs. McPhedran (Miss McNish, T. G. H. 1909) has reached Dhar in Central India, in safety. Interesting letters have already come from her in her new home.

At the recent graduating exercises of Roosevelt Hospital in New York, four Canadians (from Toronto) received their diplomas—Misses Smedley, Langton, Dalton and Kirkpatrick.

The reading room of the Canadian Nurses' Association, Montreal, has moved to the Lindsay Building, St. Catherine Street West, room 611. All visitors are welcome to use the room and will find plenty of interesting literature.

Miss Kilgour, from Cincinnati, Ohio, has been appointed Assistant Superintendent of the Training School for Nurses, Toronto General Hospital. Miss Kilgour is a graduate of the class of 1892 (T. G. H.) and is a native of Guelph, Ontario.

Miss Irene Norcross (V. G. H. '05) has returned to her home in Duncans, B.C., where she will give up nursing for the present, and seek to win fame and fortune by the pen. Miss Norcross spent the winter private nursing in Vancouver, B.C.

The Vancouver Graduate Nurses' Association in conjunction with the Alumnae Association of the Vancouver General Hospital Training School for Nurses, have decided in the autumn to open a club room for the use of both associations.

The Training School for Nurses of Victoria Hospital, London, held its graduating exercises for the class of 1909 on May 19th, followed by a reception at the Nurses' Residence from 8 to 12 p.m. We hope to publish a list of the graduates in our next number.

Mr. and Mrs. Julian Sale, of 116 Binscarth Road, Rosedale, announce the engagement of their daughter May (graduate of Hospital for Sick Children) to Mr. William F. Thomas of Toronto. The marriage will take place in St. Paul's Church on June 23rd.

Mrs. Fowler (nee Miss Walker, T. G. H. 1901), of Rosebank, Capetown, South Africa, in a recent letter to one of her fellow graduates, gives a very interesting account of affairs in South Africa. Mrs. Fowler's health is unfortunately not strong. She has lost none of her old interest in Canada.

Mrs. J. B. Hart (nee Miss M. A. Clendenning, T. G. H. graduate), formerly lady superintendent of Vancouver General Hospital, recently underwent a successful major operation in St. Joseph's Hospital, Victoria. She is making a favorable recovery, and will shortly return to her home in Vancouver.

On April 24th, 1909, Governor Hay of Washington appointed the following graduate nurses to serve on the Board of Examination for State Registration: Miss Mary Keating of Spokane, Miss A. F. Waymire of Pullman, Miss

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At the ninth annual meeting of the Canadian Association for the Prevention of Consumption, held at Hamilton, May 19th and 20th, the Heather Club was represented by Miss J. Hamilton, president, Miss M. Barnard and Miss M. Gray. In the absence of Miss Fellows, secretary, Miss Barnard read the first annual report.

Amongst those from Montreal intending to attend the International Congress, London, are: Miss Baikie, Miss A. Colquhoun, Miss M. Colquhoun, Miss Hill, Miss Des Brisay, Miss Fisk, Miss M. Welch and Miss McGregor, all members of the C. N. A. What about a badge for Canadians? As we have not heard anything official about one, we as members of the C. N. A. are thinking of adopting a white ribbon with "Canada" in large gold letters on it.

The annual meeting of the Montreal General Hospital Alumnae Association was held on April 16th, 1909. The following officers were elected for the ensuing year: President, Miss K. H. Brock; First Vice-President, Miss Young; Second Vice-President, Miss Tedford; Recording Secretary, Miss Strumm; Corresponding Secretary, Miss Ethel Brown; Treasurer, Miss M. Vernon Young; Executive Committee, the Misses Ward, Christie MacKay, Cowen, Maud Brock, and Perchard.

The Heather Club, H. F. S. C., have appointed three of their members to attend to the work of the club among tuberculous children for the month of June. The three nurses are Miss Richardson, Miss M. Moody and Miss Ella Jamieson. The treasurer is Miss McCuaig, 605 Ontario Street, and the annual fee is 25 cents, or any larger sum any of the members choose to pay. A "summer shack," a gift to the club, will be erected at the Lakeside Hospital and the little patients will be cared for there.

The Toronto Registry of Graduate Nurses held their monthly meeting at the residence of Miss Barwick on Monday, May 3rd, at 8 p.m., six members being present. Treasurer's report—Registry calls for April, 146; personal calls, 36; total, 182; unanswered, 4; amount due until May 31st, $285.00; number of nurses on list, 282; applications for admission to Registry, 2, one of which was accepted and the other awaits the credential letters. It was decided that the Registry hold the birthday party at the Brown Betty, Tuesday evening, June 1st, and that Dr. Cleaver be written to to give the invocation.

The last general meeting of the Canadian Nurses' Association for this season was held on Tuesday, April 6th, at 8 p.m. in the Medico-Chirurgical Society's rooms, Montreal. The meeting was well attended, the president in the chair, the minutes of the last meeting read and adopted. There were three applications for membership. A very instructive lecture was delivered by Dr. H. M. Little, Medical Superintendent of the Montreal Maternity Hospital, on obstetrics, which was greatly enjoyed and appreciated by those who heard it, as the speaker gave some good advice and pointed out a few practical methods which will no doubt be very beneficial to the maternity

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nurse. The usual cup of coffee and a social half-hour brought the meeting to a close.

The annual meeting of the Winnipeg General Hospital Alumnae Association was held in the Nurses' Home on Wednesday, May 6th. After the various reports for the year had been read the election of officers took place, the following being appointed to office for the ensuing year: Honorary President, Miss Wilson; President, Miss Johns; First Vice-President, Miss Gilroy; Second Vice-President, Miss Parlett; Secretary-Treasurer, Miss Hood. The conveners of the various committees were appointed as follows: Social committee, Miss Hamilton; sick visiting committee, Mrs. Morrison; membership committee, Miss Gray. Miss C. De Nully Fraser was appointed assistant secretary-treasurer, and the committee on publication of the Alumnae Magazine continue in office until December.

On Easter Tuesday evening, the Nurses' Club gave a very successful dance in A. O. U. W. Hall, Victoria. The hall was prettily decorated in red and white, and long sprays of ivy, red and white lights. The supper room was very effective, with yellow lights and daffodils. The supper was very dainty. The music and floor were good, and every one present had an enjoyable time. At the end the nurses were given three cheers. Over one hundred dollars was cleared, and is to be devoted to expenses of new club room. The club room is in Promise Block on Government Street. It is furnished in Mission, china cupboard, desk, chairs, a comfortable couch, straw matting square, colors green and cream, curtains are of the same colors. Behind a screen is a small gas range, and basin with water connected. Each member of the club may buy a key for twenty-five cents, and have use of room at any time. All club meetings and lectures are given in the club room.

Miss Maud Freeze, of Doaktown, New Brunswick, a member of the junior class in the Training School for Nurses of Toronto General Hospital, died after a very brief illness on April 25th. Miss Freeze, who was the only sister of Miss Freeze of the class of 1907 (T. G. H.), was just 22 years of age and had won the affection and regard of the whole training school and hospital. The deepest regret is felt by everyone at her early and sudden death, and the greatest sympathy for her family and especially for her sister, who, aided by two of her sister graduates, and the nurses in charge, attended her sister with the utmost devotion. The arrangements for the funeral service at the Nurses' Residence were made by Miss Snively, the Superintendent, and the hospital authorities; and Miss Freeze, with her uncle, Mr. Fowler of Ottawa, and Miss Ellis, Assistant Superintendent of the Training School, accompanied the remains to the family residence in New Brunswick. At the special request of Miss Snively, all the members of the junior class wore a mourning band on the left arm, and attended the service in a body with a large number of the other nurses. Floral emblems were sent by Mr. J. W. Flavelle, president of the Hospital Trust, the nurses in training, the Nurses' Alumnae Association and others.

The Training School for Nurses of Kingston General Hospital held the graduation ceremonies this year in the Convocation Hall of Queen's Univer-

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sity, which was filled to overflowing by an audience who showed the greatest interest in the proceedings. Among those present were Mr. W. F. Nickle, M.P.P., who took the opportunity of offering a gold medal for competition among next year's class; Dr. R. W. Bruce Smith (a graduate of Queen's), Rev. Canon Starr, and others. The nurses occupied the seats on the left side of the platform, with the members of the Hospital Board on the right. Lieut.-Col. H. R. Duff presided, and with him on the platform were Principal Gordon and Rev. Douglas Laing. The following is a list of the nine nurses who graduated: Misses Veda Dier, Della Calder, Annie Green, Mamie Meldrum, Alice Shannette, Amelia Greer, Gladys Creegan, Beatrice J. Nicholson, and Ella Shaver. The winners of the prizes were the following: Graduating class, Miss Veda Dier; intermediate, Misses Anna Baillee and Della Wylie; junior, Miss Claudia Baskill. Dr. R. W. Bruce Smith delivered a fine address in which he made a strong appeal for the erection of a hospital in Kingston, for the care of tuberculosis patients. Col. Duff as chairman referred to the fact that the training school was now celebrating its 21st anniversary. He referred to the good work of the graduates, and asked that the school be given financial support by the city. He paid a warm tribute to the work of the ladies in carrying on the work. Canon Starr gave an eloquent address, and in the opening, referred to the great responsibility of the work undertaken by the nurses. The nobility of the vocation was also touched upon. There must be self-sacrifice, the one great thing the world was ever ready to recognize. After Canon Starr's address, Dr. Isaac Woods, M.A., presented the diplomas to the nurses, and before making the presentations, made a brief and timely speech. Then followed the presentation of pins to the nurses, by Mrs. Duff and Mrs. J. C. Connell. During the evening Mrs. Harty, Miss Louise Singleton, William Eva, Prof. Small, Miss Phyllis Taylor and Miss Shaw gave musical selections. After a hearty vote of thanks had been tendered the speakers and those taking part in the musical part of the programme, the proceedings were brought to a close with the singing of the National Anthem.

The graduating exercises of the Training School for Nurses of Winnipeg General Hospital took place on May 19th and included a reception at the Nurses' Residence, the whole occasion being one of much interest and pleasure. As our readers already know, the present nursing staff of Winnipeg General Hospital numbers over 120, and few if any hospitals are of greater importance to the Dominion. The announcement of the graduation is a tasteful blue and white card folder, one of the prettiest we have seen this season. The following is a list of the prizes and of the names of the graduates:

Highest general proficiency—Miss Effie M. Ingram. Prize presented by the Ogilvie Milling Co.

Bandaging—Miss Effie M. Ingram and Miss Annie Canning. Prize presented by Mr. E. L. Drewry and Dr. J. Halpenny.

Charting—Miss Grayce M. Caldwell and Miss Victoria I. Winslow. Prizes presented by Miss E. M. Bain and Dr. Blanchard and Dr. Bjornson.

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Obstetrics—Miss Lillian M. Gray. Prize presented by Dr. D. H. McCalman.

Practical work—Miss Annie Johanneson. Prize presented by Mrs. W. S. England.

Nurses graduating, May, 1909—Alba E. Andrew, Alfreeda J. Attrill, Marion Brehaut, Grayce M. Caldwell, Annie Canning, Priscilla Capling, Hilda Corelli, Amy Crisp, Hellen J. Ellerington, Mary D. Gardner, Jessie M. Gent, Lilian M. Gray, Winnifred Harvey, Effie M. Ingram, Annie Johanneson, Rena M. McBride, Dell G. MacGregor, Barbara E. Mitchell, Annie Moore, May E. Palmer, Jessie J. Smith, Jessie M. Steele, Margaret B. Struthers, Christina W. Thom, Amy L. Waldon, Victoria I. Winslow.

On Tuesday evening, May 11th, a large audience assembled by invitation at the Hospital for Sick Children, to attend the graduating exercises. Mr. John Ross Robertson was in the chair, and the chairman's address, next to the announcement of the results, was the most interesting feature of the evening. We regret that we cannot print it in full, but we understand that Mr. Robertson has been requested to reprint his address and the eloquent and inspiring address of the Rev. Byron Stauffer, who also spoke. We hope that these will be widely circulated.

The following received diplomas: Miss Mabel McNeill, Toronto; Miss Ella McCalder, Little Britain; Miss Muriel McConnell, Montreal; Miss Lillian Bennett, Georgetown; Miss Isabel Bain, Utterson; Miss Jennie Hill, Pine Orchard; Miss Nora McClure, Toronto; Miss Constance McCombe, Montreal; Miss Florence Chartras, Toronto.

Miss Ella McCalder, of Little Britain, received the senior class scholarship of $50.

Miss Jennie Hill, of Pine Orchard, received the prize for general proficiency and professional deportment in her class.

Miss Bessie Carmichael, of Hillsburg, received the intermediate scholarship of $30.

Miss Ethel Brewer, of St. Catharines, received the junior scholarship of $20.

Miss Carrie Mott, of Deer Park, was also awarded a prize.

When Mr. Flett had concluded, Miss McNeil, one of the graduates, rose, and on behalf of the nurses of the Training School, presented the chairman of the Board with a handsome brass inkstand, and in making the presentation Miss McNeil read the following address:

"J. Ross Robertson, Chairman Board of Trustees, Hospital for Sick Children:—We, the graduating class and nurses of the Training School of the Hospital for Sick Children, wish to convey to you on this occasion an expression of our gratitude and appreciation for the universal kindness and interest you have shown to us since our entrance into the school.

"As we are the first class to graduate since the inception of the preliminary course, which we realize was only made possible by your well-known

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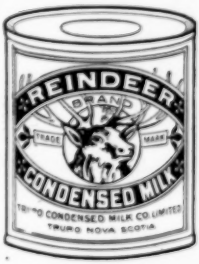

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"On behalf of the nurses of the school,

"M. McNeil,
"Florence Chartras,
"B. E. Maclure."

Mr. Robertson in a few pleasant words acknowledged the gift, and then he invited the audience to adjourn to the dining-room of the Residence, where light refreshments were served, after which the nurses and their friends had the pleasure of an informal dance for half an hour. The proceedings of a most enjoyable evening closed at eleven o'clock.

BIRTHS.

McIlwraith.—At Binbrook, on April 25th, to Dr. and Mrs. McIlwraith (nee Ida Howard, graduate Hamilton City Hospital) a son.

MARRIED.

Macdermot-Swift.—At Vancouver, Feb. 2nd, 1909, Miss Eve Swift (M. G. H. '07) to Dr. John Macdermot. Dr. and Mrs. Macdermot are residing in Vancouver.

Mulligan-Brennan.—On April 21st, 1909, at St. Michael's Cathedral, Toronto, Agnes Brennan, graduate of St. Michael's Hospital, Toronto, to J. M. Mulligan, Ottawa.

Osborn-Vaughan.—At New Haven, Conn. on May 18th, 1909, Elsie Vaughan, graduate of Orange, N.J., to Arthur M. Osborn, of St. Gabriel de Brandon, Ottawa. Mr. and Mrs. Osborn will live at St. Gabriel, Ottawa.

DEATHS.

Luckham.—In Birnam, April 29th, Miss May E. Luckham. Miss Luckham entered the Hamilton City Hospital Training School last year, and in November contracted typhoid from which she never recovered. Her bright and happy manner won for her many friends in the short time that she was among us. To Mr. and Mrs. Luckham we extend our deepest sympathy.

McIlwraith.—At Binbrook, on April 27th, John Gordon McIlwraith, infant son of Dr. and Mrs. McIlwraith.

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The Nurse's Library

The Alumnae Association of Toronto General Hospital have issued a dainty white and gold booklet containing the Annual Report for 1907-8. The contents are most interesting, especially the annual report of the secretary, Miss A. Mary Roberts.

The Annual Report for 1908 of the Board of Governors of the Victorian Order of Nurses is an interesting and well-illustrated pamphlet of nearly one hundred pages, covering the year's work, and containing a great deal of valuable information. The work of the Order, as is well known, is great and far-reaching, as well as of great importance to the country, especially in the newer districts.

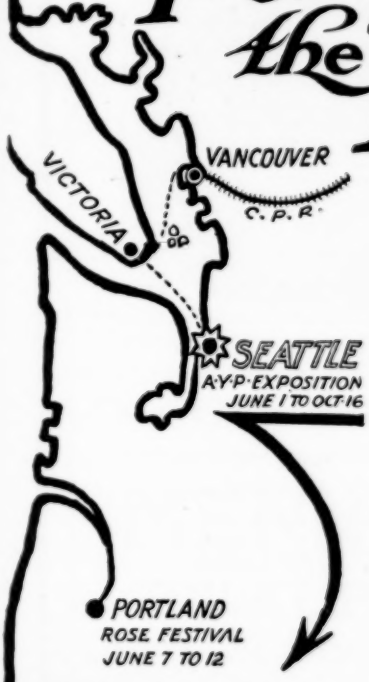
The Queen's Nurses' Magazine for April, with its fine motto, "Laborare est Orare," is always a welcome visitor and the last number is a specially good one. It contains a picture of Lady Hermione Blackwood as frontispiece, and a number of clever articles.

"The Detroit Medical Journal" for April has an illustrated article on Butterworth Hospital, Grand Rapids, Mich., which is of much interest. Histories of hospitals are good reading for us all, and we wish our own readers would send us histories of their hospitals.

One of the most useful authorities on patent medicines is the report of the Australian Royal Commission, Vol. I of 1907, entitled "Secret Drug Cures and Foods." This Government report was prepared by the Royal Commissioner, Mr. Octavius C. Beale. He goes into every branch of the subject and gives the Australian Commonwealth such a presentment of the case against these things as cannot fail to convince any intelligent person.

"Lectures to Practising Midwives," by Victoria E. M. Bennett, M.B., B.S. (Lond.), D.P.A. (Cambridge). London: Baillière, Tindall & Cox. 4s. This book, excellently printed and bound, containing 41 illustrations and 256 pages, is one of the best we have seen for this purpose. It is correct in statement, scientific in its ideas and easy to understand. No book could well be more useful in difficulty, and we predict great success for it. The directions are admirable and greatly to the point, e.g., the section on haemorrhage. This book should do good, and Dr. Bennett is to be congratulated upon it.

This Summer the Pacific Coast is more than ever attractive



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MAX J. WALTER, Supt.

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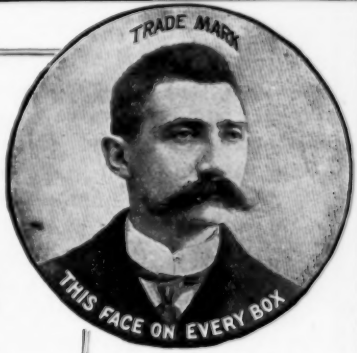

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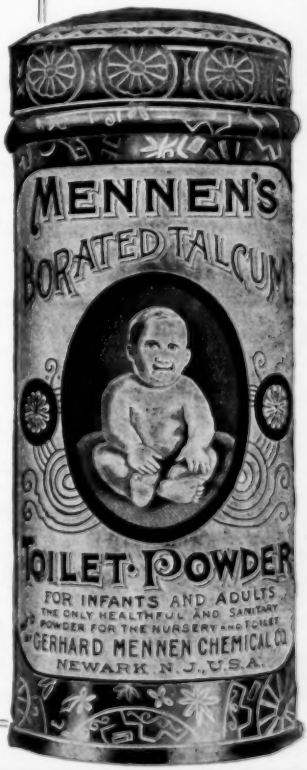

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